

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation
Against:**

Fu Li Chao, M.D.

**Physician's and Surgeon's
Certificate No. A 66989**

Case No.: 800-2019-059561

Respondent.

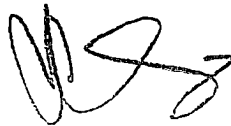
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on July 21, 2023.

IT IS SO ORDERED: June 22, 2023.

MEDICAL BOARD OF CALIFORNIA



**Laurie Rose Lubiano, J.D., Chair
Panel A**

1 ROB BONTA
Attorney General of California
2 EDWARD KIM
Supervising Deputy Attorney General
3 CHRISTINA SEIN GOOT
Deputy Attorney General
4 State Bar No. 229094
California Department of Justice
5 300 So. Spring Street, Suite 1702
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7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 **FU LI CHAO, M.D.**
2968 Woodlawn Avenue
San Marino, CA 91108

14 **Physician's and Surgeon's Certificate**
15 **No. A 66989,**

16 Respondent.

Case No. 800-2019-059561

OAH No. 2022030260

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

17 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
18 entitled proceedings that the following matters are true:

19 **PARTIES**

20 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
21 California (Board). He brought this action solely in his official capacity and is represented in this
22 matter by Rob Bonta, Attorney General of the State of California, by Christina Sein Goot, Deputy
23 Attorney General.

24 2. Respondent Fu Li Chao, M.D. (Respondent) is represented in this proceeding by
25 attorney Derek F. O'Reilly-Jones, whose address is: 355 South Grand Ave., Ste. 1750, Los
26 Angeles, CA 90071-1562.

27 3. On or about November 20, 1998, the Board issued Physician's and Surgeon's
28 Certificate No. A 66989 to Respondent. The Physician's and Surgeon's Certificate was in full

1 force and effect at all times relevant to the charges brought in Accusation No. 800-2019-059561,
2 and will expire on January 31, 2024, unless renewed.

3 **JURISDICTION**

4 4. Accusation No. 800-2019-059561 was filed before the Board, and is currently
5 pending against Respondent. The Accusation and all other statutorily required documents were
6 properly served on Respondent on September 9, 2021. Respondent timely filed his Notice of
7 Defense contesting the Accusation.

8 5. A copy of Accusation No. 800-2019-059561 is attached as exhibit A and incorporated
9 herein by reference.

10 **ADVISEMENT AND WAIVERS**

11 6. Respondent has carefully read, fully discussed with counsel, and understands the
12 charges and allegations in Accusation No. 800-2019-059561. Respondent has also carefully read,
13 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
14 Disciplinary Order.

15 7. Respondent is fully aware of his legal rights in this matter, including the right to a
16 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
17 the witnesses against him; the right to present evidence and to testify on his own behalf; the right
18 to the issuance of subpoenas to compel the attendance of witnesses and the production of
19 documents; the right to reconsideration and court review of an adverse decision; and all other
20 rights accorded by the California Administrative Procedure Act and other applicable laws.

21 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
22 every right set forth above.

23 **CULPABILITY**

24 9. Respondent understands and agrees that the charges and allegations in Accusation
25 No. 800-2019-059561, if proven at a hearing, constitute cause for imposing discipline upon his
26 Physician's and Surgeon's Certificate. Respondent hereby gives up his right to contest those
27 charges and allegation.

28 10. Respondent does not contest that, at an administrative hearing, Complainant could

1 establish a *prima facie* case with respect to the charges and allegations contained in Accusation
2 No. 800-2019-059561 and that he has thereby subjected his license to disciplinary action.

3 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
4 discipline and he agrees to be bound by the Board's probationary terms as set forth in the
5 Disciplinary Order below.

6 CONTINGENCY

7 12. This stipulation shall be subject to approval by the Medical Board of California.
8 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
9 Board of California may communicate directly with the Board regarding this stipulation and
10 settlement, without notice to or participation by Respondent or his counsel. By signing the
11 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
12 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
13 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
14 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
15 action between the parties, and the Board shall not be disqualified from further action by having
16 considered this matter.

17 13. Respondent agrees that if he ever petitions for early termination or modification of
18 probation, or if an accusation and/or petition to revoke probation is filed against him before the
19 Board, all of the charges and allegations contained in Accusation No. 800-2019-059561 shall be
20 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or
21 any other licensing proceeding involving Respondent in the State of California.

22 14. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
23 be an integrated writing representing the complete, final and exclusive embodiment of the
24 agreement of the parties in this above-entitled matter.

25 15. The parties understand and agree that Portable Document Format (PDF) and facsimile
26 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
27 signatures thereto, shall have the same force and effect as the originals.

28 16. In consideration of the foregoing admissions and stipulations, the parties agree that

1 the Board may, without further notice or opportunity to be heard by the Respondent, issue and
2 enter the following Disciplinary Order:

3 **DISCIPLINARY ORDER**

4 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 66989 issued
5 to Respondent Fu Li Chao, M.D. is revoked. However, the revocation is stayed and Respondent
6 is placed on probation for three (3) years on the following terms and conditions:

7 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this
8 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
9 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
10 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
11 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
12 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
13 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
14 completion of each course, the Board or its designee may administer an examination to test
15 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
16 hours of CME of which 40 hours were in satisfaction of this condition.

17 2. **MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the effective
18 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
19 advance by the Board or its designee. Respondent shall provide the approved course provider
20 with any information and documents that the approved course provider may deem pertinent.
21 Respondent shall participate in and successfully complete the classroom component of the course
22 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
23 complete any other component of the course within one (1) year of enrollment. The medical
24 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
25 Medical Education (CME) requirements for renewal of licensure.

26 A medical record keeping course taken after the acts that gave rise to the charges in the
27 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
28 or its designee, be accepted towards the fulfillment of this condition if the course would have

1 been approved by the Board or its designee had the course been taken after the effective date of
2 this Decision.

3 Respondent shall submit a certification of successful completion to the Board or its
4 designee not later than 15 calendar days after successfully completing the course, or not later than
5 15 calendar days after the effective date of the Decision, whichever is later.

6 3. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
7 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
8 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
9 licenses are valid and in good standing, and who are preferably American Board of Medical
10 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
11 relationship with Respondent, or other relationship that could reasonably be expected to
12 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
13 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
14 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

15 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
16 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
17 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
18 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
19 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
20 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
21 signed statement for approval by the Board or its designee.

22 Within 60 calendar days of the effective date of this Decision, and continuing throughout
23 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
24 make all records available for immediate inspection and copying on the premises by the monitor
25 at all times during business hours and shall retain the records for the entire term of probation.

26 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
27 date of this Decision, Respondent shall receive a notification from the Board or its designee to
28 cease the practice of medicine within three (3) calendar days after being so notified. Respondent

1 shall cease the practice of medicine until a monitor is approved to provide monitoring
2 responsibility.

3 The monitor(s) shall submit a quarterly written report to the Board or its designee which
4 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
5 are within the standards of practice of medicine and whether Respondent is practicing medicine
6 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
7 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
8 preceding quarter.

9 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
10 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
11 name and qualifications of a replacement monitor who will be assuming that responsibility within
12 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
13 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
14 notification from the Board or its designee to cease the practice of medicine within three (3)
15 calendar days after being so notified. Respondent shall cease the practice of medicine until a
16 replacement monitor is approved and assumes monitoring responsibility.

17 In lieu of a monitor, Respondent may participate in a professional enhancement program
18 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
19 review, semi-annual practice assessment, and semi-annual review of professional growth and
20 education. Respondent shall participate in the professional enhancement program at
21 Respondent's expense during the term of probation.

22 4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
23 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
24 Chief Executive Officer at every hospital where privileges or membership are extended to
25 Respondent, at any other facility where Respondent engages in the practice of medicine,
26 including all physician and locum tenens registries or other similar agencies, and to the Chief
27 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
28 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15

1 calendar days.

2 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

3 5. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
4 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
5 advanced practice nurses.

6 6. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
7 governing the practice of medicine in California and remain in full compliance with any court
8 ordered criminal probation, payments, and other orders.

9 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
10 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of
11 \$11,187.50 (eleven thousand, one hundred eighty-seven dollars and fifty cents). Costs shall be
12 payable to the Medical Board of California. Failure to pay such costs shall be considered a
13 violation of probation.

14 Payment must be made in full within 30 calendar days of the effective date of the Order, or
15 by a payment plan approved by the Medical Board of California. Any and all requests for a
16 payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with
17 the payment plan shall be considered a violation of probation.

18 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
19 to repay investigation and enforcement costs.

20 8. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
21 under penalty of perjury on forms provided by the Board, stating whether there has been
22 compliance with all the conditions of probation.

23 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
24 of the preceding quarter.

25 9. GENERAL PROBATION REQUIREMENTS.

26 Compliance with Probation Unit

27 Respondent shall comply with the Board's probation unit.

28 ///

1 Address Changes

2 Respondent shall, at all times, keep the Board informed of Respondent's business and
3 residence addresses, email address (if available), and telephone number. Changes of such
4 addresses shall be immediately communicated in writing to the Board or its designee. Under no
5 circumstances shall a post office box serve as an address of record, except as allowed by Business
6 and Professions Code section 2021, subdivision (b).

7 Place of Practice

8 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
9 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
10 facility.

11 License Renewal

12 Respondent shall maintain a current and renewed California physician's and surgeon's
13 license.

14 Travel or Residence Outside California

15 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
16 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
17 (30) calendar days.

18 In the event Respondent should leave the State of California to reside or to practice
19 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
20 departure and return.

21 10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
22 available in person upon request for interviews either at Respondent's place of business or at the
23 probation unit office, with or without prior notice throughout the term of probation.

24 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
25 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
26 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
27 defined as any period of time Respondent is not practicing medicine as defined in Business and
28 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct

1 patient care, clinical activity or teaching, or other activity as approved by the Board. If
2 Respondent resides in California and is considered to be in non-practice, Respondent shall
3 comply with all terms and conditions of probation. All time spent in an intensive training
4 program which has been approved by the Board or its designee shall not be considered non-
5 practice and does not relieve Respondent from complying with all the terms and conditions of
6 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
7 on probation with the medical licensing authority of that state or jurisdiction shall not be
8 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
9 period of non-practice.

10 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
11 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
12 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
13 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
14 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

15 Respondent's period of non-practice while on probation shall not exceed two (2) years.

16 Periods of non-practice will not apply to the reduction of the probationary term.

17 Periods of non-practice for a Respondent residing outside of California will relieve
18 Respondent of the responsibility to comply with the probationary terms and conditions with the
19 exception of this condition and the following terms and conditions of probation: Obey All Laws;
20 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
21 Controlled Substances; and Biological Fluid Testing..

22 12. COMPLETION OF PROBATION. Respondent shall comply with all financial
23 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
24 completion of probation. This term does not include cost recovery, which is due within 30
25 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
26 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
27 shall be fully restored.

28 13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition

1 of probation is a violation of probation. If Respondent violates probation in any respect, the
2 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
3 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke
4 Probation, or an Interim Suspension Order is filed against Respondent during probation, the
5 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall
6 be extended until the matter is final.

7 14. LICENSE SURRENDER. Following the effective date of this Decision, if
8 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
9 the terms and conditions of probation, Respondent may request to surrender his or her license.
10 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
11 determining whether or not to grant the request, or to take any other action deemed appropriate
12 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
13 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
14 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
15 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
16 application shall be treated as a petition for reinstatement of a revoked certificate.

17 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
18 with probation monitoring each and every year of probation, as designated by the Board, which
19 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
20 California and delivered to the Board or its designee no later than January 31 of each calendar
21 year.

22 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
23 a new license or certification, or petition for reinstatement of a license, by any other health care
24 licensing action agency in the State of California, all of the charges and allegations contained in
25 Accusation No. 800-2019-059561 shall be deemed to be true, correct, and admitted by
26 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
27 restrict license.

28 [Signatures on following page]

1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, Derek F. O'Reilly-Jones, Esq. I understand the stipulation and the
4 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
5 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
6 bound by the Decision and Order of the Medical Board of California.

7
8 DATED: 10/5/2022

FU LI CHAO, M.D.
9 Respondent

10 I have read and fully discussed with Respondent Fu Li Chao, M.D. the terms and conditions
11 and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve
12 its form and content.

13 DATED: 10/6/2022

DEREK F. O'REILLY-JONES, ESQ.
14 Attorney for Respondent

15
16 ENDORSEMENT

17 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
18 submitted for consideration by the Medical Board of California.

19
20 DATED: 10/6/22

Respectfully submitted,

21 ROB BONTA
Attorney General of California
22 EDWARD KIM
Supervising Deputy Attorney General

23 CHRISTINA SEIN GOOT
24 Deputy Attorney General
25 Attorneys for Complainant

26
27 LA2021601145
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Exhibit A
Accusation No. 800-2019-059561

1 ROB BONTA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
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9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**
12

13 In the Matter of the Accusation Against:

Case No. 800-2019-059561

14 **FU LI CHAO, M.D.**
2968 Woodlawn Avenue
15 San Marino, California 91108-3042

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate No. A**
66989,

17 Respondent.
18

19
20 **PARTIES**

21 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
22 as the Executive Director of the Medical Board of California (Board).

23 2. On November 20, 1998, the Board issued Physician's and Surgeon's Certificate
24 Number A 66989 to Fu Li Chao, M.D. (Respondent). That license was in full force and effect at
25 all times relevant to the charges brought herein and will expire on January 31, 2022, unless
26 renewed.

27 **JURISDICTION**

28 3. This Accusation is brought before the Board under the authority of the following

1 provisions of the California Business and Professions Code (Code), unless otherwise indicated.

2 4. Section 2227 of the Code provides that a licensee who is found guilty under the
3 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
4 one year, placed on probation and required to pay the costs of probation monitoring, or such other
5 action taken in relation to discipline as the Board deems proper.

6 5. Section 2234 of the Code, states:

7 The board shall take action against any licensee who is charged with
8 unprofessional conduct. In addition to other provisions of this article, unprofessional
conduct includes, but is not limited to, the following:

9 (a) Violating or attempting to violate, directly or indirectly, assisting in or
10 abetting the violation of, or conspiring to violate any provision of this chapter.

11 (b) Gross negligence.

12 (c) Repeated negligent acts. To be repeated, there must be two or more
13 negligent acts or omissions. An initial negligent act or omission followed by a
separate and distinct departure from the applicable standard of care shall constitute
14 repeated negligent acts.

15 (1) An initial negligent diagnosis followed by an act or omission medically
appropriate for that negligent diagnosis of the patient shall constitute a single
negligent act.

16 (2) When the standard of care requires a change in the diagnosis, act, or
17 omission that constitutes the negligent act described in paragraph (1), including, but
not limited to, a reevaluation of the diagnosis or a change in treatment, and the
18 licensee's conduct departs from the applicable standard of care, each departure
constitutes a separate and distinct breach of the standard of care.

19 (d) Incompetence.

20 (e) The commission of any act involving dishonesty or corruption that is
21 substantially related to the qualifications, functions, or duties of a physician and
surgeon.

22 (f) Any action or conduct that would have warranted the denial of a certificate.

23 (g) The failure by a certificate holder, in the absence of good cause, to attend
24 and participate in an interview by the board. This subdivision shall only apply to a
certificate holder who is the subject of an investigation by the board.

25 6. Section 2266 of the Code states: The failure of a physician and surgeon to
26 maintain adequate and accurate records relating to the provision of services to their patients
constitutes unprofessional conduct.

27 //

28 //

1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 7. Respondent is subject to disciplinary action under section 2234, subdivision (b), of
4 the Code in that he committed acts and/or omissions constituting gross negligence in the care and
5 treatment of Patient 1.¹ The circumstances are as follows:

6 8. On November 28, 2016, Patient 1, then a 42-year-old female with a history of
7 hypertension, presented to the emergency department with abdominal pain, nausea, vomiting, and
8 fever. Her abdomen was distended and she was tachycardic with beats per minute (BPM) in the
9 130 range. The electrocardiogram (EKG) showed sinus tachycardia, tachypnea, and leukocytosis.
10 The hospital workup showed a 10 mm obstructing stone at the right ureterovesical junction with
11 hydronephrosis (swelling of the kidney due to a build-up of urine). Patient 1 was admitted to the
12 intensive care unit (ICU) for sepsis and, subsequently, a gastric mass was also found.

13 9. On November 29, 2016, a consulting urologist opined that Patient 1 needed an urgent
14 cystoscopy with stent placement. Respondent was the assigned anesthesiologist for that
15 procedure. Respondent reviewed the chart and performed a physical examination of Patient 1 in
16 the pre-operative area, interviewed the nurse, and determined Patient 1 to be in severe septic
17 shock. Respondent discussed the severity of Patient 1's illness and high risk of anesthesia with
18 the urologist, who opined that the only chance for Patient 1 to improve was to proceed urgently to
19 the operating room (OR).

20 10. Upon arrival to the OR at 1:11 p.m., Respondent attached American Society of
21 Anesthesiologists (ASA) standard monitors to Patient 1 and found her tachycardic. Patient 1 was
22 pre-oxygenated and Respondent induced anesthesia with 120 mg of propofol and 8 mg of
23 cisatracurium (a medicine used to relax the muscles, given before general anesthesia).
24 Respondent successfully intubated Patient 1 using a videoscope, however, the patient required
25 mask ventilation to resolve a short episode of desaturation during laryngoscopy. Respondent
26 confirmed endotracheal tube placement with positive end-tidal carbon dioxide readings and
27 bilateral breath sounds. Patient 1 maintained a blood pressure intraoperatively, mostly in the

28 ¹ The patient is referred to by number to protect her privacy.

1 120/60 range, while remaining tachycardic with BPM in the 110-120 range. Intraoperatively,
2 sevoflurane (a general anesthetic agent) was maintained at 4% and Respondent administered
3 Zofran (anti-nausea medication) 4 mg, fentanyl 110 mcg, and Ofirmev (acetaminophen injection)
4 1000 mg.

5 11. Surgery was performed from 1:44 p.m. to 2:15 p.m. When the surgery was
6 completed, sevoflurane was turned off and the patient was given neostigmine 5 mg and
7 glycopyrrolate 1 mg. Respondent noted that twitch monitoring was used intraoperatively.
8 Respondent further noted that Patient 1 began to spontaneously breathe, and when she was awake
9 enough to respond to commands with oxygen saturation (SpO2) at 100%, tidal volumes greater
10 than 5 cc/kg, and good muscle strength, she was extubated and placed on a facemask with 6
11 L/min of oxygen.

12 12. Patient 1 was transported from the OR to the recovery room, a distance of about 10
13 feet, which Respondent estimated took less than one minute. Respondent, who was at the head of
14 the bed during transport, did not observe any respiratory distress; however, he noted that he gave
15 Patient 1 "jaw lift" at some point due to diminished respiratory effort. Upon arrival to the
16 recovery room at 2:28 p.m., Patient 1's respirations were described as "agonal." As the nurses
17 connected monitors, Respondent began to manually ventilate the patient with an Ambu-bag and
18 100% oxygen, and inserted an oral airway. She was found to be bradycardic at 38 BPM and
19 hypoxic with SpO2 at 78% and blood pressure of 110/62. Respondent ordered 0.4 mg of atropine
20 for the bradycardia, which was given without effect.

21 13. At approximately 2:32 p.m., Patient 1 was reintubated by another anesthesiologist.
22 About this time, Patient 1 was found to be pulseless and asystolic with pupils dilated 5-6 mm. A
23 Code Blue was called and 1 mg of epinephrine was given. Defibrillator pads were placed and
24 cardiopulmonary resuscitation with chest compression was started. Respondent led the
25 resuscitation. Epinephrine was given two to three more times. The patient was administered a
26 120 joule shock via defibrillator pads, after which return of spontaneous circulation was achieved,
27 as the patient was noted to be "revived" with spontaneous respirations, a palpable pulse at 160,
28 blood pressure of 154/77, and SpO2 at 98%. At 2:45 p.m., another 120-joule shock was given.

1 At 2:46 p.m., Patient 1 was given one ampule of sodium bicarbonate and an additional 1.1 L of
2 fluid, as ordered by another physician, during resuscitation. At 2:53 p.m., Patient 1 was
3 transferred to the ICU on monitors while she remained intubated. Patient 1 was eventually
4 transferred to a different hospital.

5 14. The standard of care when placing a critically ill patient under anesthesia is to ensure
6 adequate vascular access and monitoring for potential worsening of the patient's condition as a
7 result of the anesthetic, surgery, or both. All patients undergoing an anesthetic should have ASA-
8 standard monitors, including blood pressure, heart rate, EKG, pulse oximetry, and ETCO2
9 monitoring. In a high-risk patient or surgery, the standard of care requires an arterial line to
10 monitor beat-to-beat blood pressure. In a vasodilated septic patient who is about to undergo
11 surgery and anesthesia, vascular access in the form of multiple and/or large-bore IVs, or a central
12 line is also standard of care.

13 15. Patient 1 was at high risk of complications with anesthesia and surgery. Invasive
14 monitoring and additional vascular access were neither discussed nor attempted by Respondent.
15 This represents an extreme departure from the standard of care.

16 16. Once extubated, the standard of care is to closely monitor the patient's respiratory
17 status, and in patients with multiple risk factors for respiratory failure, to have a low threshold to
18 intervene or reintubate.

19 17. After a high-risk extubation, the physician must maintain a very high index of
20 suspicion for possible respiratory failure. Respondent's post-extubation respiratory monitoring
21 and intervention were inadequate. This represents an extreme departure from the standard of
22 care.

23 **SECOND CAUSE FOR DISCIPLINE**

24 **(Repeated Negligent Acts)**

25 18. Respondent is subject to disciplinary action under section 2234, subdivision (c), of
26 the Code in that he committed repeated negligent acts in his care and treatment of Patient 1. The
27 circumstances are as follows:

28 19. Complainant refers to and, by this reference incorporates paragraphs 8 through 13,

1 above, as though set forth fully herein.

2 20. The standard of care for inducing anesthesia in a critically ill patient with septic shock
3 requires reduced doses of medications, or different medications, than usual induction, because
4 many anesthetic medications, such as propofol, have a vasodilatory and cardio-depressive effect,
5 which could worsen a critically ill patient's condition.

6 21. The standard of care requires adequate pre-oxygenation prior to induction with 100%
7 oxygen to minimize the risk of desaturation. In patients with a high risk of aspiration, including
8 those with recent vomiting, distended abdomen, or ileus, a rapid-sequence intubation should be
9 performed unless otherwise contraindicated. If a nasogastric tube is present, it should be
10 suctioned prior to induction to minimize the chance of aspiration. A rapid-sequence intubation
11 utilizes either succinylcholine or rocuronium as the neuromuscular blocker, with the
12 anesthesiologist attempting intubation in less than 60 seconds after the medication is given,
13 without mask ventilating the patient.

14 22. The standard of care for intraoperative medication management is to appropriately
15 dose medications based on the patient's condition and monitor the patient for changes that would
16 require either intervention or adjustments in medication dosages.

17 23. The standard of care requires timely, accurate, and legible medical records.

18 24. Respondent's treatment of Patient 1 includes the following acts and/or omissions
19 which constitute repeated negligent acts:

20 a. The allegations of the First Cause for Discipline are incorporated by reference
21 as if fully set forth herein;

22 b. The induction dose of propofol used by Respondent was too high;

23 c. Respondent's failure to attempt rapid-sequence intubation using appropriate
24 medications;

25 d. Respondent's lack of pre-induction nasogastric tube suctioning;

26 e. Respondent's initiation of 4% sevoflurane on a septic patient for anesthetic
27 maintenance; and

28 f. Respondent's failure to document intraoperative ventilatory mechanics and

1 neuromuscular monitoring.

2 **THIRD CAUSE FOR DISCIPLINE**

3 **(Failure to Maintain Adequate Records)**

4 25. Respondent is subject to disciplinary action under section 2266 of the Code in that he
5 failed to maintain adequate records concerning the care and treatment of Patient 1. The
6 circumstances are as follows:

7 26. Complainant refers to and, by this reference, incorporates paragraphs 8 through 13,
8 23, 24(f), above, as though set forth fully herein.

9 **PRAYER**

10 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,
11 and that following the hearing, the Medical Board of California issue a decision:

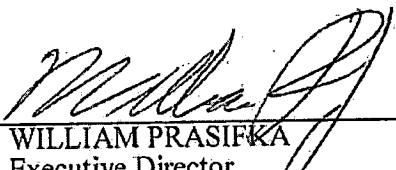
12 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 66989,
13 issued to Fu Li Chao, M.D.;

14 2. Revoking, suspending or denying approval of Fu Li Chao, M.D.'s authority to
15 supervise physician assistants and advanced practice nurses;

16 3. If placed on probation, ordering Fu Li Chao, M.D. to pay the Board the costs of
17 probation monitoring; and

18 4. Taking such other and further action as deemed necessary and proper.

19
20 DATED: SEP 09 2021

21 
22 WILLIAM PRASIFKA
23 Executive Director
24 Medical Board of California
25 Department of Consumer Affairs
26 State of California

27 *Complainant*

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